State of Washington Charter School Commission Notice of Intent to Apply

This information will be used to ensure that your applicant group receives all of the appropriate communications from the Commission throughout the charter application process.

Name of Non-Profit Applicant/Organization	Cedar River Academy, a.k.a. CRA Scholarship Fund or CRA				
Primary Contact Information					
Name	Roger Franklin				
Address	42022 196 th Ave SE, Enumclaw, WA 98022				
Phone	253 653-5756				
Email	Roger.Franklin@CedarRiverAcademy.com				
Basic Information for School Opening Fall 2014					
Proposed School Name	Opening Year	Geographic Community and City	Grades served Year 1	Grades at capacity	
Cedar River Academy	2014	Enumclaw, WA	Pk-8	Pk-8	
Model	X New X Conversion (Private to Charter)				
Proposed School Description					
School Model Specialty (check all that apply)	Alternative Arts Blended Learning Career & Technical Ed College Prep Other:		☐ Disability☐ Language Immersion☐ Military☐ Montessori☐ STEM☐ Virtual		
In 100 words or less, briefly describe the mission and vision of your proposed school	Cedar River Academy's (CRA's) mission is to establish and continuously improve schools that practice a progressive student-centered constructionist education model for all children, with a special emphasis on students from low income environments. CRA will continually measure, demonstrate, and report the effectiveness of student-centered, experience and performance-based education. CRA will increase student retention rates, raise student academic performance, increase the rate of college readiness, demonstrate the closure of the performance gap for disadvantaged students, better prepare students for 21st century life, and freely share CRA experience with educators and the public.				

I certify that I have the authority to submit this Letter of Intent and that all information contained herein is complete and accurate. I recognize that any misrepresentation could result in disqualification from the application process or revocation after authorization. The person named as the contact person for the application is so authorized to serve as the primary contact for this application on behalf of the organization.

Rose of Ch.	
	9/23/2013
Signature of Primary Contact	Date

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